## Document I: BUSINESS NOTIFICATION FORM

*(This page may be duplicated as necessary)*

| Event Name: | Event Promoter: |
|---|---|
| Event Date(s): | Event Location: |
| Event Start Time: | Event End Time: |

*All businesses within a ½ mile radius from each road closure must be notified of road closure 5 days prior to the road closure.*

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**We, the undersigned businesses, have been notified of the street closures associated with the event noted above on said date.**

| Business Name | Agree | Disagree | Address |
|---|---|---|---|
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**Business Owners: If you have concerns, please feel free to contact the Town of Gilbert Special Event Coordinator at 480-503-6253.**

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**Please send ALL pages of your application in ONE email to Brent Taysom: Brent.Taysom@gilbertaz.gov**